



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Lab Project No. : 70137446

Received :07/08/2020 4:15

Sample Type :Drinking Water

Date Reported:07/09/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70137446001	HB12	7/8/2020 7:30:00 AM	Analysis Time	Absent	Absent	0.62
Routine	M. Layburn	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 7:30:00 AM
Distribution	Squires Pond Rd.					
70137446002	HB13	7/8/2020 7:45:00 AM	Analysis Time	Absent	Absent	0.65
Routine	H.B. Bagel	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 7:45:00 AM
Distribution	W. Montauk Hwy.					
70137446003	HB28	7/8/2020 8:00:00 AM	Analysis Time	Absent	Absent	0.63
Routine	Huebner	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 8:00:00 AM
Distribution	Oakwood Rd.					
70137446004	HB29	7/8/2020 8:15:00 AM	Analysis Time	Absent	Absent	0.75
Routine	McFarland	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 8:15:00 AM
Distribution	Ridgewood La.					
70137446005	HB16	7/8/2020 8:45:00 AM	Analysis Time	Absent	Absent	0.72
Routine	Spellman's Marine	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 8:45:00 AM
Distribution	Rampasture Rd.					
70137446006	HB34	7/8/2020 9:00:00 AM	Analysis Time	Absent	Absent	0.82
Routine	Kappers; 23 Washington Ave.	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 9:00:00 AM
Distribution						

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

This report shall not be reproduced except in full,
without the written approval of the laboratory.

Kimberley Mack

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Lab Project No. : 70137446

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Sample Type :Drinking Water

Date Reported:07/09/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70137446007	HB31	7/8/2020 9:15:00 AM	Analysis Time	Absent	Absent	0.90
Routine Distribution	Maryland Blvd.	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 9:15:00 AM
70137446008	SPB#1	7/8/2020 9:30:00 AM	Analysis Time	Absent	Absent	0.64
Routine Distribution	ADJ. Hydrant#465	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 8:30:00 AM
70137446009	HB21	7/8/2020 9:50:00 AM	Analysis Time	Absent	Absent	0.63
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 9:50:00 AM
70137446010	HB5A	7/8/2020 9:35:00 AM	Analysis Time	Absent	Absent	0.43
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT		7/9/2020 11:52:00 AM	7/9/2020 11:52:00 AM	7/8/2020 9:35:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).
Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

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N = Nitrate Removal
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WorkOrder :

70137446

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70137446



70137446

Sample Request Form PUBLIC WATER SUPPLIER

☐ WELL OFF LINE

Date: 7-8-20

☐ WELL RUN TO SYSTEM

Collected By: K. TOTHILL

Accepted By: [Signature]

Cooler Temp: 4.2 °C

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1615

Client Info:

Name or Code: (631) 728-0179

Address: HAMPTON BAYS, NEW YORK 11946

Phone #: P.O. BOX 1013

Attn: HAMPTON BAYS WATER DISTRICT

Proj. # or (Name):

Bill To:

Copies To:

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 7-8-20	PW	#12	D	-	RO	.62 7.36	Bact w/c	001
7:45AM 7-8-20	PW	#13	D	-	RO	.65 7.33	Bact w/c	002
8:00AM 7-8-20	PW	#28	D	-	RO	.63 7.29	Bact w/c	003
8:15AM 7-8-20	PW	#29	D	-	RO	.75 7.36	Bact w/c	004
8:45AM 7-8-20	PW	#16	D	-	RO	.72 7.37	Bact w/c	005
9:00AM 7-8-20	PW	#34	D	-	RO	.82 7.20	Bact w/c	006
9:15AM 7-8-20	PW	#31	D	-	RO	.90 7.25	Bact w/c	007
9:30AM 7-8-20	PW	SPB #1	D	-	RO	.64 7.41	Bact w/c	008
9:50AM 7-8-20	PW	#21	D	-	RO	.63 7.33	Bact w/c	009
9:55AM 7-8-20	PW	#5A	D	-	RO	.43 7.36	Bact w/c	010
10:00AM 7-8-20	PW	50 SQUARES BLVD	D	-	S	7.59 7.59	Bact, POC's, Metals	Before Filter
Remarks: 10:15AM 7-8-20	PW	50 SQUARES BLVD	D	-	S	6.60 6.60	Bact, POC's, Metals	AFTER FILTER



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 70137446

PM: KMM

Due Date: 08/07/20

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #: _____

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ No

Temperature Blank Present: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Type of Ice: Wet Blue None

Thermometer Used: TH091 Correction Factor: +0.4

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C): 4.2 Cooler Temperature Corrected (°C): 4.6

Date/Time 5035A kits placed in freezer _____

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: Ad 7/8/20

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

	COMMENTS:
Chain of Custody Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL	
All containers needing preservation have been checked <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #	Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
NAOH>12 Cyanide	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water), Per Method, VOA pH is checked after analysis	
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #	
Residual chlorine strips Lot #	
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable): _____	

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____